

Indiana Professional Licensing Agency  
Indiana Occupational Therapy Committee (Group 06)  
402 W. Washington St. Room W072  
Indianapolis, IN 46204



Please fill out and return this entire page to the address above after answering all questions on the form. You will need to fill in your full name and address, license number, and required Continuing Competency (CC) hours (see second bullet-point below for CC requirements). Be sure to enclose your renewal fee of \$100.00. Checks should be payable to: "Indiana Professional Licensing Agency."

### «LICENSE TYPE» Renewal Form

<b>Indiana Renewal Application</b>	Enter Full Name and Address: (please print)	License Number	Required CC Hours	Date Expires 12/31/2012	Renewal Fee \$100
	<b>SINCE YOU LAST RENEWED:</b> (if yes to any question, attach details of action taken)				
	1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined <i>or</i> are formal charges pending?			YES	NO
	2. Have you been denied a license, certificate, registration, or permit in any state?			YES	NO
	3. Have you been charged with, convicted of or pled guilty to a violation of a federal or state law <i>or</i> are criminal charges pending?			YES	NO
	4. Have you had a malpractice judgment against you or settled a malpractice action?			YES	NO
Circle the appropriate answer to questions at the right and sign renewal form. <b>Failure to answer questions and/or sign the renewal form WILL delay your renewal.</b>	5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?			YES	NO
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.	Signature Of Applicant (respond Yes or No to all questions)			Date Signed	
Email Address				ADD LATE FEE of \$50 if POSTMARKED AFTER 12/31/2012	

- **IF YOU ANSWERED "YES"** to any of the questions above, you must provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.
- **CC Requirements:** All active licensees who were valid for less than twelve (12) months, no continuing competency is required for renewal. If the license is valid for twelve (12) to twenty-four (24) months, nine (9) hours of continuing competency is required for renewal. If the license was valid for twenty-four (24) months eighteen (18) hours of continuing competency is required for renewal. Nine (9) hours must be Category I courses; not more than nine (9) hours may be earned through Category II credits. **IF YOU HAVE NOT COMPLETED YOUR CC** – do not renew your license until you have met the requirements. More information on CC requirements may be found online: [www.in.gov/pla/ot.htm](http://www.in.gov/pla/ot.htm)
- **Late renewals:** If you renew after December 31, 2012, you must pay a \$50.00 late fee in addition to the renewal fee - no exceptions.
- **Name changes:** Name change requests must be made in writing – include a copy of a legal name change document (marriage license, divorce decree, or other court order establishing legal name) and mail to the address above. Be sure to include your license number.
- **Pocket cards:** The Indiana Professional Licensing Agency no longer issues pocket license cards at license renewal. If you need to purchase a new pocket card, you may do so online at [www.pla.in.gov](http://www.pla.in.gov).
- **If you have questions:** contact the Occupational Therapy Committee by email at [pla6@pla.in.gov](mailto:pla6@pla.in.gov) or by phone at (317) 234-2051.